

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. Franklin
(b) City or town. Rural Central
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community

years, months or days

84-11-7 days (Specify whether)

8. (a) PRINT FULL NAME

Charles Oscar Stahlman

8. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex

Male

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Mary Stahlman

6. (c) Age of husband or wife if

alive 44 years

7. Birth date of deceased

(Month)

(Day)

(Year)

2-24-1886

8. AGE:

Years

Months

Days

If less than one day

54

11

7

hr. min.

9. Birthplace

11 Franklin Co Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

forestry

12. Name

John A Stahlman

13. Birthplace

Franklin Co Mo

(City, town, or county)

(State or foreign country)

14. Maiden name

Elizabeth Stahlman

15. Birthplace

Franklin Co Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mary E Stahlman

(b) Address

St-Clair Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

2-4-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Reverly and

18. (a) Signature of funeral director

Arthur Stahlman

(b) Address

St-Clair Mo

19. (a)

Feb. 8, 1941
(Date received local registrar)

(b)

Th. H. Duckworth
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

Franklin

(c) City or town

Rural

(If outside city or town limits, write "RURAL")

(d) Street No.

Central

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Feb

day

15

year

1941

hour

10

minute

P. M.

21. I hereby certify that I attended the deceased from

Jan 1 - 1941 to Feb 15 - 1941

that I last saw him alive on Jan 31 - 1941

and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Stenosis

Duration

2 yrs.

Due to

Acute Stenocardia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(b) Means of injury

23. Signature

Address

W. E. Mitchell

(M. D. or other)

Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Sherman Mitchell

Licensed Embalmer No.....

3873

P. O. Address.....

St. Clair, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.